



**Dora**  
Department of Regulatory Agencies

## Division of Insurance

For cash management use only

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**FEE: \$30.00**

### Viatical Settlement Producer Affidavit

Producer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Colorado Producer License Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of First Negotiation: \_\_\_\_\_

I \_\_\_\_\_ intend to act as a viatical settlement producer in Colorado.  
(*Producer name*)

I have read and understand Title 10, Article 7, Part 6 of the Colorado Revised Statutes and I will operate in accordance therewith. I understand that a viatical settlement producer is deemed to represent only the viator's interests and shall owe a fiduciary duty to act according to the viator's instructions and in the viator's best interests.

I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(*Date*)

\_\_\_\_\_  
(*Signature*)

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